

PRINTED: 05/12/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7501	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2011
NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to comply with the building and fire safety regulations as required.</p> <p>The findings include:</p> <p>Observations within resident room 2223 and 2229 during the survey on 5/9/11 at 1:50 PM, revealed the night lights were not working. The finding was corrected during the survey.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 5/9/11.</p>	N 901	<p>It is the policy and procedure of AdamsPlace that it complies with the applicable building and fire safety regulations. Plant Operations replaced the night lights in room 2223 and 2229.</p> <p>Director of Plant Operations will continue to monitor night lights for compliance.</p>	5/10/11	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Administrator

5-24-11

6899

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If continuation sheet 1 of 1